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# Insight and Judgment in Psychiatric Practice

***Life is short ;***
***Art is long;***
***Opportunity fleeting;***
***Experience fallible, and***
***Judgment difficult***
***Hippocrates***

Judgment is essentially defined as the ability to assess a situation correctly and act appropriately within that situation. However, words like *correctly* and *appropriately* need further definition which will invite endless debate. Judgment is related to the ability of the individual to grasp current information, to assess realistic situations and to have a logical attitude and performance that is compatible with the situation as a whole. It is a global function but is still considered to be better or worse in this or that particular area of behaviour. One may be able to judge perfectly in a work situation but not at home or vice versa. (Rakhawy, 1994).

Insight is a special type of judgment. "It is the power or act of seeing into the situation" It is also defined as the act of apprehending the inner nature of things". Using words like *into and inner nature* (Webster, 1980) refers to the fact that insight is inwardly directed to oneself rather than to external situations. Insight in psychiatry refers to the ability of the patient to understand the objective circumstances of his illness, its nature and the optimum circumstances that would help in curing it. To say that a patient has full insight means that :a) he understands that he is ill, b) he admits that his illness is of psychiatric nature, c) that his treatment should be through professional help using appropriate scientific information and that d) he accepts contracting about how to get rid of the illness with himself as an active participant. This is evidently an ideal situation particularly in a culture like ours.

Insight could be related to the present status concentrating on what could be actually done in the here and now to repair the situation and minimize the consequences as much as it extends to cover reinterpretation of the past and planning for the future. The objective of profound psychotherapy is to achieve such state of rather ideal insight and perhaps that is why it is called *insight psychotherapy* (Rakhawy, 1994).

Competence to give consent depends on both judgment and insight. The legal and moral status of the concept of consent are examined in the western much more developed countries. It is more essential to evaluate, and reevaluate such concept in relation to the special circumstances in developing countries, taking Egypt as an atypical example.

A valid consent is not essentially related to a signed paper. If judgment is impaired whether due to mild cognitive retardation or to emotional interference the consent of the patient may be considered wholly or partially invalid. This paper is not going to go in any details about critical evaluation of the so called informed consent in a country where illiteracy represents around fifty percent of the population. It is mainly related to introduce more orientation that could give better chance to judge the insight of the patient both qualitatively and quantitatively.

Complete loss of insight means that the patient denies that he is ill altogether. In partial loss of insight the patient may admit verbally that he is ill for some other reason than to have structured professional help. This may be just to satisfy his family or to see what is next. This verbal declaration of being ill may be the basis of a cultural trend of putting the blame on irreparable unrealistic etiology . Also the patient could admit that he is ill but he is not the least compliant to any therapeutic help. Sometimes insight is selective restricted to some particular area or sector of behaviour or symptomatology. For instance a patient may develop insight (or have insight) that his thoughts are delusional or that the area related to his family life is a pathological area. Simultaneously all other aspects of the illness situation may be considered normal even though if they are much worse and handicapping.

When insight is apparently present but is either useless or even handicapping it is better called pseudo-insight since it usually blocks genuine insight. This pseudo-insight may prove to be no more than a state of apparent understanding, intellectual interpretation and ultimately rationalization. It could be correct in most details including the how of symptom formation (psychopathology) but when its effect is assessed it often proves to be of little or no use in the therapeutic process. *Intellectualized insight* is commonly met with in certain schizoid personality disorder or residual states.

In playing *double bluffing* the patient admits that he is ill in such and such areas and that he has such and such symptoms in order to cover some other more serious symptoms. It is not necessarily that the covering pseudo-complaints or disorders are of different nature than the covered genuine disturbance. The patient may come complaining of *schizophrenia* (!!) and hence may look as playing crazy game. Such situation needs special consideration especially in medicolegal settings.

Other special forms of insight should be considered as in cases called by the author (Rakhawy, 1994) *hyperawareness insight*. This term refers to the fact that certain patients early during the evolution of the psychotic process can see what is *there* (inside) and also what has been there that led to the present condition. Such patients are not putting the blame or referring to possible etiology. They are actually describing in genuine terms and in rather objective manner the *how of* symptom formation. This type of special insight is considered more valid if the patient is not the least psychoanlytically or psychopathologically sophisticated. This genuine valid interpretation could be met with even with illiterate patients. The information of such patients occasionally goes beyond the psychopathological information available to some practicing psychiatrists and hence such psychiatrists are liable to consider such genuine interpretation as delusional or pseudo-philosophical. However, this does not mean that such awareness is a positive phenomenon all through. Sooner or later this genuine insight is liable to be intellectualized and the negative aspect of the psychotic process could proceed to overshadow and evacuate such experience from its vividness and efficacy.

*Psychotic insight*: described by Arieti *is not the least objective insight*. Silvano Arieti described such phenomenon (1974) as an early stage in the genesis of schizophrenia, where the patient, after a period of overwhelming perplexity, *all of a sudden* finds explanation for all his condition. Such clear illumination is usually convincing in a rather dogmatic way and looks able to solve the perplexity the patient has been suffering from. It is some like a sort of autochthonous delusional misinterpretation which is definitely psychotic but the patient usually calls it insight.

Genuine insight in the concealed ***will*** *to be ill* by some goal seeking ego state organization is met with occasionally in early schizophrenia or early active psychoses. In this case the patient has some critical attitude in the genuinity of his symptoms. He may comment on his complaint saying " do not believe me that much, I may be pretending" or " *it is rather strange to have such feelings, possibly they are simply imagined, let us forget them*". This is just contrary to the attitude of a malingerer. It denotes that the conscious normal ego is participating in the judgment that the starting psychosis (e.g. schizophrenia) is not only a reaction but essentially an action of some deep activated organization. This apparent conscious critical evaluation of one's sufferings should be taken as an added emphasis to the genuinity of early insight.

Genuine insight in special psychotic symptoms is also met with and needs special notice. Insight in hallucination should not be a cause to consider hallucinations as false

(pseudohallucinations). On the contrary, it adds to the genuinity of the symptom. (Sims 1988). The same is true as regards delusions. It is essential not to let this genuine insight devaluate the delusional nature of a false belief. The patient may act according to such belief up to committing serious acts in spite of such declared insight.

On the other hand loss of insight in absurd obsessions does not justify shifting the diagnosis of OCD to delusional disorder. (World Health Organization, 1994)

The relation of insight and judgment to the basic intellectual abilities should also be considered especially in relation of validating moral and legal aspects of a consent.

To conclude, insight and judgment is a complex phenomenon related to the everlasting problem of judging objectivity. Cultural aspects as well as basic individual differences should be taken seriously in consideration especially in medico-legal settings. In therapeutic situations, trust seems to be more basic than written consent especially in developing and eastern cultures.

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